

To:

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2024-02-09 21:39:31 GMT

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From: Andres Rodriguez

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000000  
Phone : (305)358-1310  
Fax Number : (305)503-6701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: and8723@gmail.com

FLORIDA LIMITED LIABILITY CO.  
SANDOCAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2024 FEB -9 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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***ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY***

***ARTICLE I***

*The name of the Limited Liability Company:*

**SANDOCAR LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

***ARTICLE II***

*The mailing address and street address of the principal office of the Limited Liability Company is:*

***Principal and Mailing Address***

***8220 NW 10<sup>TH</sup> ST  
PEMBROKE PINES, FL 33024***

### ARTICLE III

#### ***Registered Agent, Registered Office, & Registered Agent's Signature:***

*(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

*The name and the Florida street address of the registered agent are:*

**R&P ACCOUNTING & TAXES, INC**

Name

**150 SE 2<sup>ND</sup> AVE SUITE 404**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and Zip*

*Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

X

***Registered Agent's Signature (REQUIRED)***

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## **ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

***The name and address of each Person authorized to manage and control the Limited Liability Company:***

**AMBR**

**XAVIER BASANTES**  
8220 NW 10<sup>TH</sup> ST  
PEMBROKE PINES, FL 33024

**AMBR**

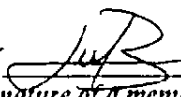
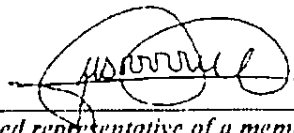
**ESTRELLA TINOCO**  
8220 NW 10<sup>TH</sup> ST  
PEMBROKE PINES, FL 33024

## **ARTICLE V**

***Effective date, if other than the date of filing (OPTIONAL)***  
***(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)***

**FEBRUARY 9, 2024**

**REQUIRED: SIGNATURE**

X    
***Signature of a member or an authorized representative of a member.***

**XAVIER BASANTES / ESTRELLA TINOCO**

***(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)***

***ARTICLE VI***

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

**THE MAIN OBJECTIVE OF THE COMPANY IS:**

**CAR RENTAL**